



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FILED
06 FEB 10 PM 2:33

CARMELLA SABAUGH
MACOMB COUNTY CLERK
HILL CREST, MICHIGAN

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Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number <u>137271</u></p>		<p>3. The Statement covers From: <u>1/1/05</u> to <u>12/31/05</u> Mo Day Year Mo Day Year</p>	
<p>2. Committee Name <u>Committee to Elect</u> <u>Davis D Duffy</u></p>		<p>4. Candidate Last Name <u>Duffy</u> First Name <u>Davis</u> M.I. <u>D</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>City Council</u> 4b. County of Residence</p>	
<p>5. Committee's Mailing Address <u>36167 St Clair Dr</u> <u>New Baltimore MI 48047</u> Area Code and Phone <u>586 725 4739</u></p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>		<p>6. Treasurer's Name & Residential Address <u>SAME</u> Area Code & Phone ()</p>	
<p>7. Treasurer's Business Address <u>36167 St Clair Dr</u> <u>New Baltimore MI</u> Area Code and Phone <u>(586) 725 4739</u></p>		<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone ()</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus Month Day Year</p>		<p>9c. <input checked="" type="checkbox"/> Annual Statement (<u>2005</u> Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution Month Day Year</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</p>			
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p>			
<p>Current Treasurer or Designated Record Keeper <u>Davis Duffy</u> Type or Print Name</p>		<p>Signature <u>[Signature]</u> Date <u>2/10/06</u> Mo Day Year</p>	
<p>Candidate <u>Davis Duffy</u> Type or Print Name</p>		<p>Signature <u>[Signature]</u> Date <u>2/10/06</u> Mo Day Year</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 157C41
2. Committee Name CTE David J. Duffy

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

Column I
This Period

Column II
Cumulative this election cycle

3. Contributions

- a. Itemized (Schedule 1A - Column 6)
b. Unitemized (less than \$20.01 each - no Schedule)
c. Subtotal of "Contributions"

(3a.) \$ _____
(3b.) \$ NOT APPLICABLE
(3c.) \$ _____
(4.) \$ _____
(5.) \$ _____

(18.) \$ _____
(19.) \$ _____
(20.) \$ _____

4. Other Receipts (Schedule 1A -1, Column 6)

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ _____

(21.) \$ _____

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ _____

(22.) \$ _____

EXPENDITURES

8. Expenditures

- a. Itemized (Schedule 1B, Column 6)
b. Itemized Get-Out-the-Vote (Schedule 1B-G)
c. Unitemized (less than \$50.01 each - no Schedule)

(8a.) \$ _____
(8b.) \$ _____
(8c.) \$ _____
(9.) \$ _____

(23.) \$ _____

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

- a. Itemized (Schedule 1C, Column 6)

(10a.) \$ _____

- b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ _____

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$ _____

(24.) \$ _____

DEBTS AND OBLIGATIONS

12. Debts and Obligations

- a. Owed by the Committee (Schedule 1E)

(12a.) \$ _____

- b. Owed to the Committee (Schedule 1E)

(12b.) \$ _____

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 7.59

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 0

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 7.59

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 0

17. ENDING BALANCE

(Subtract line 16 from line 15)

(17.) \$ 7.59 *